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Tom Craft

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PTO/SB/21 (09-04)

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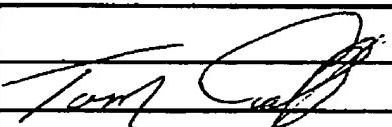
Application Number	10/717,754
Filing Date	11/20/2003
First Named Inventor	Craft
Art Unit	3725
Examiner Name	Rosenbaum

Attorney Docket Number

## ENCLOSURES (Check all that apply)

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<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b>		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Thomas H. Craft		
Date	December 9, 2005	Reg. No.	

## CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Thomas H. Craft	Date	December 9, 2005

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REVOCATION OF POWER OF  
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CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/717,754
Filing Date	11/20/2003
First Named Inventor	Craft
Art Unit	3725
Examiner Name	Rosenbaum
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number:  Please change the correspondence address for the above-identified application to: The address associated with  
Customer Number: 

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Thomas H. Craft				
Address	21980 Coloma Drive				
City	Palo Cedro	State	CA	Zip	95073
Country	USA				
Telephone	(530) 547-3622	Email	judycraft@mac.com		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

## SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Thomas H. Craft		
Date	December 7, 2005	Telephone	(530) 547-3622

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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